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FACSIMILE TRANSMISSION COVER SHEET

Date:

December 29, 2004

To:

United States Patent and Trademark Office

Examiner: Chieh M. Fan; Art Unit: 2634

Fax:

(703) 872-9306

Re:

Application Serial No.: 10/054,327

Filing Date: 11/13/2001; First Named Inventor: Young

Attorney Docket No.: 0200109C2

From:

Farjami & Farjami LLP

Number of pages including the cover sheet: 21

Message:

Enclosed please find the Amendment and Response to the Final Office Action dated November 30, 2004.

Thank you.

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Attorney Docket No.: 0200109C2

AMENDMENT COVER SHEET

IN RE APPLICATION OF: Young, et al.				
SERIAL NO.: 10/054,327 FILED: November 13, 2001				
FOR: DSL Link with Embedded Control and Multi-Char	nnel Capability			
HONORABLE COMMISSIONER FOR PATENTS P.O. Box 1450, Alexandria, VA 22313-1450				
Sir/Madam:				
Transmitted herewith is a paper in the above-identified application. Any necessary extension of time period set for this paper is hereby requested.				
■ No additional fee is required.				
☐ The fee has been calculated as shown below:				
☐ EXTENSION FEE	RATE Non-Small Entity	RATE Small-Entity	FEE	
FIRST MONTH AFTER TIME PERIOD SET	120.00	60.00	\$	
SECOND MONTH AFTER TIME PERIOD SET	450.00	225.00	\$	
THIRD MONTH AFTER TIME PERIOD SET	1,020.00	510.00	\$	
FOURTH MONTH AFTER TIME PERIOD SET 1,590.00 795.00 \$				
□ TOTAL EXTENSION FEE \$_				
☐ FEE FOR EXTRA CLAIMS added by Amendment in this response:				
Column 1 Column 2	Column 3			

	Column I	Column 2	Column 3			
	Number of Claims after Amendment	Number Previously Paid for	Number of Extra Claims	RATE Non- Small Entity	RATE Small Entity	FEE
TOTAL CLAIMS	47	MINUS **50	* = 0	x 50	x 25	\$
INDEPENDENT	7	MINUS ***7	*=0	x 200	x 100	\$
First presentation of multiple dependent claim				+ 360	+ 180	\$

TOTAL FEE FOR EXTRA CLAIMS \$ 0.00

- * If the entry in Column 1 is less than the entry of Column 2, write "0" in Column 3.
- ** If the number of Total Claims previously paid for is less than 20, write "20" in this space.
- *** If the number of Independent Claims previously paid for is less than 3, write "3" in this space.

Attorney Docket No.: 0200109C2 Enclosed is the total fee of \$ 0.00 (Payment by Credit Card, Form PTO-2038 Enclosed). Please charge Deposit Account No. 50-0731 in the amount of \$ \boxtimes The Commissioner is hereby authorized to charge payment of any additional fees associated with this communication, or credit any overpayment to Deposit Account No. 50-0731. A duplicate copy of this sheet is enclosed. Michael Farjami, Reg. No. 38,135 CERTIFICATE OF FACSIMILE TRANSMISSION I hereby certify that this correspondence is being filed by facsimile transmission to United States Patent and Trademark Office at facsimile number 703-872-9306 on the date stated below. The facsimile transmission report indicated that the facsimile transmission was successful. Date Michael Farjami, Esq. Signature Fariami & Fariami LLP 26522 La Alameda Ave., Suite 360 Mission Viejo, CA 92691 Name of Person Performing Facsimile Transmission Telephone: (949) 282-1000 Facsimile: (949) 282-1002 CERTIFICATE OF MAILING I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on: Date

Typed or Printed Name of Person Mailing Paper and/or Fee

Signature

Attorney Docket No.: 0200109C2

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Attorney Docket No.:	0200 109C2
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Date: _	12/29/04	By: Michael Farjami, Reg. No. 38,135		
Farjami 26522 La Mission Telepho	Farjami, Esq. & Farjami LLP & Alameda Ave., Suite 360 Viejo, CA 92691 ne: (949) 282-1000 e: (949) 282-1002	CERTIFICATE OF FACSIMILE TRANSMISSION I hereby certify that this correspondence is being filed by facsimile transmission to United States Patent and Trademark Office at facsimile number 703-872-9306 on the date stated below. The facsimile transmission report indicated that the facsimile transmission was successful. Date LEGUEY L. CAM Name of Person Performing Facsimile Transmission		
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